

This job aid provides guidance for Health Plan Administrators (HPAs) and Third Party Administrators (TPAs), who work with Health Coverage Tax Credit (HCTC) Finance & Accounting (F&A) representatives when making bulk premium changes for HCTC participants. If an HPA or TPA decides to submit bulk premium changes to the HCTC Program, it is imperative that they follow the three steps outlined below. This will help the HCTC Program minimize delays, and errors, when issuing payments.

### Step 1 - Notify Your Members

HPAs and TPAs are solely responsible for conveying any policy, premium, or administrative changes to their members *before* submitting them to the HCTC Program. HPAs and TPAs must continue to maintain direct contact with their members. The HCTC Program will not assume responsibility for communicating any health plan policy, premium, or administrative changes to its participants.

### Step 2 - Create a Cover Letter and Spreadsheet

If an HPA or TPA decides to submit bulk premium changes to the HCTC Program, they must submit the information in a Microsoft Excel format (.xls or .csv). The spreadsheet should contain detailed information for each member with changes. Additionally, a cover letter from the HPA or TPA must accompany all spreadsheets.

Notify the HCTC Program as early as possible of any premium changes affecting your members. If possible, submit the spreadsheet and cover letter during the first week of the month *prior* to the effective date of the change.

#### ***The cover letter must:***

- be printed on official company letterhead
- be signed, and dated, by an authorized party
- specifically reference the title of the spreadsheet and date on the spreadsheet

#### ***The spreadsheet must:***

- be in Microsoft Excel format (.xls or .csv)
- have a descriptive title that does not exceed 20 characters (For example: "HPA Name 07 Premiums")
- follow these formatting requirements (\* indicates a required field):

A	B	C	D	E	F	G	H
Member Name	* Policy Holder's SSN	* New Premium Amt	* OT (Verified Total Exceptions)	Group ID	Member ID	Policy ID	# of People Insured

- Column A - Member Name (last name, first name, middle initial)
- Column B - \* Policy Holder's SSN (nine characters without spaces or delimiters)
- Column C - \* New Premium Amt (do not round; provide actual dollars and cents)
- Column D - \* OT (Verified Total Exceptions) - portion of premium for dental or vision coverage, coverage of non-qualified family members, etc. (do not round; provide actual dollars and cents)
- Column E - Group ID (without spaces or delimiters)
- Column F - Member ID (without spaces or delimiters)
- Column G - Policy ID (without spaces or delimiters)
- Column H - # of People Insured - number of insured on policy, including member

**Step 3 - Submit the Spreadsheet to the HCTC Program**

Submit the cover letter and spreadsheet to the HCTC Program during the first week of the month *prior* to the effective date of the change. Doing so will allow the HCTC Program to make the necessary systemic changes before mailing invoices to HCTC participants.

The HCTC Program will accept changes submitted any time during the month. However, if not submitted as directed above, your changes might not be reflected in HCTC payments and/or payment reports until the following month, which may result in a short pay or an over payment situation. For example, if you submit a spreadsheet to the HCTC Program in the middle of April for a May premium change, the HCTC Program will not be able to adjust its invoices for May premiums in time. The premium change would go into effect during the June payment cycle.

**Submit the cover letter and spreadsheet via encrypted email.** When using email, the HCTC Program requires that you use a secure method of transmission in order to limit access to the information contained within the spreadsheet.

When **emailing**, use a secure method of transmission. Send to the attention of 'Payment Processing' at [hctc.program@irs.gov](mailto:hctc.program@irs.gov). If you are unable to email the changes, contact the HCTC Program at (202) 283-9701.

**For more information on HPA procedures, read the HCTC Health Plan Administrator Operations Guide at [www.irs.gov](http://www.irs.gov) (Keyword/Search: HCTC).**

**If you are making a TPA change, please notify your Finance and Accounting representative immediately to promote proper handling of payments.**